2212 MAY -8 AM 7: 48

Progressive Citizens United Changing America's Marijuana PoliciesEC MAIL BENTER

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow vs. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions whether direct, in-kind, or via coordinated communications to Federal candidates or committees.

Respectfully submitted,

, Treasurer

, Directoı

13031064864

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2613 HAY ... 8 s. AM 7: 46

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FEAMS	TAIL BENTER		
PROGRESSINVE	CITIZEN:	S: W.N.L.T.E.D. CI	LANGING	<u> </u>		
AMERICA, SI	MARI JUANA	POLLICILES,				
ADDRESS (number and street)	[5,4,7, W. M.A.C.O.N. S.T.					
(Check if address is changed)	UNITI 3					
	DIE CATUR :		STATE ▲	25211- ZIP CODE▲		
COMMITTEE'S E-MAIL ADDRES	ss			•		
(Check if address is changed)	C,0,M,M,1,+,+,E,8	E@IPICIUICIA,MIPI.,	D, R, G, , , , ;			
	Optional Second E-Mail A	Address	<u> </u>			
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			·		
(Check if address is changed)	PCUCAMPO	O, RG				
2. DATE 0 4 2	6 2013					
3. FEC IDENTIFICATION NU	JMBER ▶ C	ergania, posta posta parte que en que esperen es esperen es esperen es esperen es esperen es esperen esta en e La composição de la composição				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined th	M/2		it is true, correct ar	nd complete.		
Type or Print Name of Treasurer	Mirror	Jasch				
Signature of Treasurer	Malota		Date 09	1996		
NOTE: Submission of false, errone	•	on may subject the person signin TION SHOULD BE REPORTED	=	e penalties of 2 U.S.C. §437g.		
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)		

7.20 Total 1 (Nortice 52.2000)	,					
TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee (Complete the cinformation below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	ate <u>liiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</u>					
Candidate Party Affiliation Office Sought: House Senate President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	•					
Name of Candidate	1 1 1 1					
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the Republicar	ic, i, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:					
Corporation Corporation w/o Capital Stock Labor O	rganization					
Membership Organization Trade Association Coopera	tive					
In addition, this committee is a Lobbyist/Registrant PAC.						
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:						
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political					
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political					
Committees Participating in Joint Fundraiser						
1. FEC ID number C	i Kanasanasanas					
2. [elicerali na el meso.					
3. FEC ID number	\$6					
4.						

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
NONE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
MOIME	
Mailing Address	! !
	<u> </u>
CITY ST	TATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of books and records. 	f the person in possession of committee
A	
Full Name Michael Tasich	
Mailing Address Bla7 W Cook 5te 6:	<u> </u>
Special De	
Sacras Garage	4 627041-
. 0	·
Title or Position CITY STA	TE ZIP CODE
TIREASURE RELEASE	<u> </u>
 Treasurer: List the name and address (phone number optional) of the treasurer of the com any designated agent (e.g., assistant treasurer). 	nmittee; and the name and address of
// \ / - /	
of Treasurer Michael Fa SCh	
Mailing Address Sign Car W. Cady Sign	26
Bu sus Field	627041-1
CITY STAT	TE ZIP CODE
Title or Position $T_{i}R_{i}E_{i}A_{i}S_{i}UR_{i}E_{i}R_{i}$ Telephone number	6301-17761-12600
teleprione number	

Full Name of Designated Agent D.A.V.I.D. W.I.L.L.I.A.M. H.O.O.V.E.R.	FEC Form 1 (Revise	d 02/2009)		Page 4
Designated Agent Designation Designated Designation Designation Designation Telephone number Designation Designation Designation Telephone number Designation Designation Designation Designation Designation of Bank Depositories List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank Depository etc. CITY STATE ZIP CODE Name of Bank Depository etc.				
DIE, C.A.TIUR CITY STATE ZIP CODE Title or Position DII, R.E.C.T.O.R. Telephone number DAH - 200 - 5,154 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank. Depository etc. Mailing Address CITY STATE ZIP CODE Name of Bank. Depository etc.	Designated -	I.D. WILLLIAM HIOOVER	1 i l l l	
Title or Position DIEJCATIUR CITY STATE ZIP CODE Telephone number DAH-200-5,154 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank. Depository etc. Mailing Address CITY STATE ZIP CODE Name of Bank. Depository etc.	Mailing Address	15HI7 W MAICION ST.		
Title or Position D_11_R_E_C_T_O_R	·	lun:1:T: 3: 111111111	1 1 1 1	
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank. Depository, etc. Mailing Address CITY STATE ZIP CODE Mailing Address	_		10.	
Safety deposit boxes or maintains funds. Name of Bank. Depository etc. Mailing Address CITY STATE ZIP CODE Mailing Address Mailing Address	WILKIE CILOR I	Telephone	number di	341-2001-5134
Mailing Address 130 W WATEN ST	safety deposit boxes or main Name of Bank. Depository.	ntains funds. etc.	nmittee deposits	funds, holds accounts, rents
CITY STATE ZIP CODE Name of Bank. Depository. etc. Mailing Address	,-	130 N. WATER S	7	
CITY STATE ZIP CODE Name of Bank. Depository. etc. Mailing Address				
Name of Bank. Depository etc. Mailing Address Little Lit		We carty	J #4	62523-
Mailing Address Lillinininininininininininininininininin		CITY	STATE	ZIP CODE
	Name of Bank. Depository.	etc.		· ·
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		CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED

(3/2005)